

In question and answer form, Dr. Baumgartner offers a vivid view of medicine in the Soviet Union.

WHAT ABOUT SOVIET MEDICINE AND PUBLIC HEALTH?

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General Arrangements

Were You Allowed to See What You Wanted to See?

UPON ARRIVAL each of us listed what we wanted to see. As we were all specialists interested in different aspects of health work, our list was very long. Every effort was made by the Ministry of Health to get us where we wanted to go and I thought they did remarkably well in fulfilling our requests. People on the streets and professional colleagues were most friendly and hospitable.

Our Russian-speaking American physician and three excellent Soviet interpreters accompanied the mission. Of the latter, one was a physician and the other two had excellent scientific backgrounds. Translations were accurate and complete and we felt that we were given a good opportunity to learn about their affairs.

NOTE: Dr. Baumgartner spent almost five weeks in the U.S.S.R. with five other American physicians as part of the cultural exchange programs sponsored since 1958 by the Soviet and American governments. For a few days she was on her own as a tourist. The group saw hospitals, clinics, first aid and blood transfusion centers, medical schools, nurseries, sanatoria, maternity homes, research centers, etc. They visited homes in several cities and saw people at work and play. Most of the time was spent in cities, with only two short jaunts into rural areas. They traveled about 13,000 miles—Moscow, Leningrad, Kiev, the Black Sea area, Tbilisi (Tiflis), and central Asia. The following questions are those which have been most commonly asked Dr. Baumgartner about Soviet medicine by both professional and nonprofessional individuals since her return.

What Is the Main Difference Between Medical Care in the U.S.S.R. and in the United States?

I have found that the hardest thing for Americans to understand about medicine in Russia is that everything is done by the government. The Ministry of Health provides the medical, dental, nursing, and related health services that the people get. There are ministries of health in all the republics and a vast network of local health services. The government also is in charge of all the institutions which train doctors, dentists, nurses, research workers, midwives, and other ancillary health workers. It is responsible for all the hospitals, laboratories, medical schools, and research institutes. It finances and is responsible for all the research that is done. It manufactures or imports all the medicines, braces, hypodermic needles, hospital beds, and crutches—everything that is needed for the medical care of patients. It plans, approves, and supervises all the new buildings into which such activities are expanded. The health ministries also set standards for the construction of all other building in Russia.

People do not pay for any of the services they get, with the exception of the drugs and medicinals that they may use when they are at home. These they purchase in drug stores which again are run by the government. Only a very few people arrange to have their own private medical care. They pay for this either through goods or money.

Are There Differences in Emphasis in Medicine in the Soviet Union and the United States?

Yes—they have put greater emphasis on the prevention of disease and on the care of mothers and children. This is understandable because they have needed workers so desperately to build up the country. They have, therefore, put great emphasis on keeping people at work. Thus, if disease is prevented, if children can be well cared for away from home while their mothers work, if the disabled can be helped to work even part time, more hours of labor are made available. This would also seem to be one explanation for several of the other special services found, for example, facilities for sleeping or resting at the factory for convalescent workers who are not yet ready to work a full day or to return home for the night—and for the medical services provided in factories, on collective farms, and so forth.

How Does a Russian Family Arrange to Get Medical Care?

The organization of medical care in Russia is as follows. The cities are divided into districts. In each district there is a so-called polyclinic which is a combination of a general practitioner's office, a specialist's office, a diagnostic center, and the outpatient department of a hospital. If you are well enough to go to the doctor, you come to this polyclinic. There you also get the tests usually needed for diagnosis and are treated.

As an adult you will be cared for by the Soviet equivalent of an internist, or perhaps better translated as a therapist. This physician is not considered or trained as a specialist as our internists are. Children may go to a special children's polyclinic staffed by "pediatricians" or they may be cared for by pediatricians attached to the general polyclinic. If you need to see a specialist,

you see one of the specialists on the staff of the polyclinic. If you are sick enough, you are taken into a hospital. Rarely will the physician who cares for you in the polyclinic care for you in the hospital too. There are also ancillary medical services in factories, schools, nurseries, kindergartens, and on farms. A physician or a nurse will also go to the house if the patient is too sick to come to the polyclinic. We were told one simply asked for help and a doctor or nurse would visit the home the same day.

In the rural area I visited there was a doctor attached to the cooperative farm, but most of his time and most of his work was done in a district hospital. There was a small four-bed maternity home on the farm and, of course, pediatricians were there to take care of children in the nurseries that were maintained so that the mothers could work in the fields.

Does One Have a Free Choice of a Doctor or a Hospital?

The answer to this question is not quite clear. Some families indicated that they had changed doctors, but others had obviously had the same doctor for many years. Most of the physicians in the two polyclinics I visited had been working there for over 15 years. People seemed to take it for granted that they should go to any hospital that the doctor suggested.

I made several home visits with a general practitioner. One patient had called in because of a dizzy spell in the morning and we were there in the afternoon. The other patients had been ill for some time and the physician was checking up on them. One of them, a lawyer with coronary heart disease, wanted to know how long President Eisenhower had been kept in bed and what medicines he was given. The "internists" visit only adults; "pediatricians" go out to see children.

One can get an appointment with a

doctor apparently whenever one feels it is necessary. The minister of health told us that she did not care if the patient got "unnecessary" visits from the doctor. Such visits might uncover previously unsuspected disease and so it is "cheaper in the long run" and it "adds to family happiness."

Can One Get a Private Hospital Room?

As all medical and hospital care is free the distinction between private, semiprivate, and ward care that is made in the United States does not exist. In the hospitals that I visited I saw no private rooms, but I was told that in special units, such as for the diplomatic corps patients, there are private rooms.

Is There Anything Like the Blue Cross Plan?

I heard of no voluntary health insurance of any kind. This is unnecessary in the U.S.S.R. The people there consider that medical care, like education or roads, is a public service and therefore they do not contribute to it except through taxes. They could not understand why families in the United States were happy and proud to care for themselves. Nor could they understand why people should volunteer blood for transfusions for their relatives. Blood in the U.S.S.R. is collected from people who are paid to give it, except for special drives usually under the auspices of the Soviet Red Cross. The blood is given free to the patient who needs it. When I explained our system I felt there was no understanding of our way of looking at things. A common rejoinder was, "But why? Do families also have to go out and get the penicillin the patient needs?"

Does One Get the Same Quality of Care Whatever Their Income?

Although I saw no evidence that the level of income itself affected the quality

of ordinary medical care, it is true that some private practice exists outside of the government facilities. Thus people with enough money—or through friendship—have access to care by selected doctors, after hours, and so forth. This practice plays a minor role in the whole scheme.

The elite, that is public personalities in various fields, are given access to the best in both medical personnel and hospital facilities. I heard that the military hospitals were above the average.

Is Medical Care the Same All Over the U.S.S.R.?

The organization is the same, but the minister of health herself and other physicians pointed out that there was a considerable difference in quality of care from one area of the country to another. This, of course, is true in the United States. It is not surprising that it is even more true in the U.S.S.R. where they have had to do so much to build up their medical and hospital system within the last 40 years. Visitors from countries, other than the United States, who have sometimes traveled more widely over the U.S.S.R. than Americans report very poor medical facilities and health conditions in some parts of the country "off bounds" to Americans.

About Doctors and Hospitals

Do They Have Enough Physicians and Dentists? How Do the Figures Compare with Ours?

Over-all figures for the U.S.S.R. show approximately the same number of doctors and dentists per thousand population as we have had in the United States. I was interested that Tashkent, a town in Central Asia which has been rapidly developed during the last 40 years, has the same ratio of physicians and dentists to population as we have in New York City. However, it must be re-

membered that their doctors do not appear to be as well trained as ours and do not generally have as well trained assistants.

They are training physicians at a much higher rate than we—their most recent figures show 164 physicians per 100,000 people compared with 130 per 100,000 in the United States. The current census in the U.S.S.R. may give a more accurate picture, for their population figures are admittedly not as accurate as ours.

There is, however, a wide difference in the number of doctors per unit of population in different areas. For example, approximately 11 per cent of the doctors and dentists are in rural areas, but 56 per cent of the population lives there. They do a great deal to attract doctors to rural areas. A young doctor who goes into a rural area to practice will get more salary, twice as long a paid holiday, and better chances for postgraduate training. He sometimes is given a house (rent free) and heat, cows, chickens, and so on. Getting well trained doctors to settle in rural areas where good hospitals and educational and cultural facilities are lacking is a problem throughout the world.

What Kinds of Hospitals Are There and How Do They Differ from Those in the United States?

All kinds of hospitals, both general and specialized, exist in the U.S.S.R., just as in the United States. The chief specialty hospitals are those for so-called psychoneurological disorders, pediatrics, tuberculosis, and infectious diseases. If 50 per cent, or more, of the capacity of the hospital is used for education of physicians, the word "clinical" is added to the name of the hospital. There are also leper and psychiatric "colonies," though I did not see any. Hospitals in cities vary in size from about 35 to over 1,000 beds.

In judging hospitals one encounters

one of the same problems involved in judging other things in the Soviet Union, that is, the problem of equating good buildings, shiny machinery, and a lot of equipment with good care. Certainly, the hospitals in the U.S.S.R. do not seem to meet the standards of hospitals in the United States. For example, I looked particularly for handwashing facilities in the operating and delivery rooms. In only one did I see the elbow, knee, or foot controls so common in American hospitals. One could jump to a quick conclusion that the chances of contamination were very great. Closer observation showed that when doctors scrubbed or wanted to wash their hands attendants poured huge pitchers of water over their hands. Thus they substituted labor for equipment.

What About Soviet Skills in the More Complex Surgical Technics?

The more complex surgical technics are not as widely available in the U.S.S.R. as in the United States. For example, brain surgery and cardiac surgery are practiced in the U.S.S.R., but not nearly so extensively as in the United States. We found people who were performing the same operations that are performed in the United States, though admittedly not in all parts of the country. They attempt to send patients who need this special service to areas where it is available. It was our impression that many, many patients went without such services. It is to be remembered that this happens all over the world. Moreover, as the health minister told us, they had concentrated on "first things first"—the prevention of epidemics and the control of preventable diseases have received top priority.

What About Nursing in the Home?

There are nurses who go into the home, both to care for the sick and to help educate people about what they ought to do about their own health.

Are Their Nurses as Well Trained as Ours?

Soviet nurses have less training and seem to be less of a "professionalized" group than ours. The nurses work much more directly under doctors and apparently do less on their own. As a matter of fact, we saw doctors doing many things which are done by nurses in the United States.

How Is the Family Taken Care of If the Mother Is in the Hospital?

Soviet families seem to act like families anywhere. They get together and help each other out.

Are People Educated to Have Medical Examinations Regularly, to Have Examinations for Diseases Such as Cancer, Tuberculosis, Diabetes? Can They Get Such Examinations?

We were told that medical examinations of this kind were encouraged, but many of the people that we asked did not seem to have had them. I was under the impression that more factory workers had regular physical examinations than did other adults. Children get them in the schools, kindergartens, and day nurseries regularly—more often than we think necessary. I found little interest in the special "drives" we are accustomed to, though they have used them to control typhus fever, malaria, and poliomyelitis.

What About Dental Care?

Dentists are trained in special institutes. They are called stomatologists. Of course they get specialized work and many work in hospitals. Dental care, similar to medical care, is free. A great many people have filled teeth. Incidentally some of the fillings are made of stainless steel and at first seem quite strange in appearance. Fluoridation of water supplies is being seriously considered as a mass method to prevent dental caries.

Health Education

What About Health Education?

People are taught a great deal about the value of health, the causes of various diseases, how to avoid them, and so forth. Every physician is supposed to give health talks regularly—to school children, to the occupants of a housing project when measles or some other easily transmissible disease breaks out, etc. He is paid an extra stipend for these talks. Medical students take a course in health education. Pamphlets, posters, and movies on all kinds of health topics are produced in many languages by the national, state, and local health ministries. The pamphlets seem more widely read there than here, possibly because reading per se is still a more exciting adventure there than in the United States. In some clinics we were told one can hear recorded health talks while one waits for the doctor, although I did not hear any such talks. I did see many people reading health pamphlets.

What Ideas Do People Have About Medicine in the United States?

The Soviet citizens whom we saw (professional and nonprofessional alike) are quite uninformed about what goes on in the United States. They are quite ignorant about how we live and about our political and economic systems, except that we were assured that everyone in the U.S.S.R. realizes that we have a higher standard of living. That they are willing to work hard to equal our status was obvious. They know little of life in other noncommunist countries. They do not know about our old-age pensions, unemployment and disability and workmen's compensation benefits, or health insurance schemes. They are very sure that people in the United States have great difficulty in getting medical and hospital care when they need it. In fact, one of the most common questions that we were asked was "What do you

as a doctor do when a patient needs a transfusion and hasn't got \$50.00 to pay for the blood?" or "What happens when a person has an accident on the street and can't pay for the ambulance to send him to the hospital?" They seem to believe that in the United States medical care is available only when people can pay for it. Many of the doctors were curious about our new antibiotics, blood substitutes, and methods of treatment. They are also very curious about the automobiles and other goods we have and how we live. But it is very hard to convince them that there is a substantial amount of free medical care given to the less privileged in this country and that those who can are quite happy to pay for it.

Public Health

What About Public Health in the U.S.S.R.?

There is no differentiation in the U.S.S.R. between public health and the rest of medicine as is sometimes made in the United States. Everything done in the field there is spoken of as "public health"—all of it is for the purpose of improving the health of all the people. In the words of M. D. Kovrigina, until recently the U.S.S.R. minister of health (a physician), "Soviet public health represents a system of governmental and social measures, the aim of which is to prevent and cure diseases and to promote healthful conditions of work, life, rest, a high capacity for work, and human longevity."

How Do the Russians Handle Problems of Epidemics, Sanitation and Safety of Food, Water, and Milk Supplies?

These matters are handled in the U.S.S.R. much as in other countries. Great emphasis is placed on controlling epidemics and making water and milk supplies safe. Sanitary standards, they

freely admit, are not up to those in the United States. Toilet facilities are generally poor. Soviet doctors who have traveled to the United States told us they were greatly impressed by the cleanliness of American public toilets. A remarkable success in reducing the incidence of the major communicable diseases has been achieved in the U.S.S.R. One still sees more persons ill of diarrhea or pneumonia, for example, in hospitals there than one does in the United States.

Are Children Automatically Vaccinated Against Smallpox, Typhoid, and Poliomyelitis?

Yes—they also receive diphtheria immunization. About five million children so far (February, 1959) have been vaccinated with Salk vaccine which the Ministry of Health manufactured. They use the same method developed in this country. At the same time they are also experimenting, just as we are, with a live vaccine which some scientists hope will be more effective. They seemed in general more active in the live virus field than we. They said they manufactured and used live vaccines for tularemia, anthrax, influenza, smallpox, brucellosis, mosquito fever, and tuberculosis (BCG). The wide use of a mixed vaccine to protect against typhoid and paratyphoid fevers as well as three separate strains of dysentery in the south may well account for the relatively small number of cases of these diseases seen in spite of the quite poor sanitary conditions.

Psychiatry

What Kind of Treatment Is Given to the Mentally Ill?

I personally did not get to see any hospitals for the mentally ill, but I did talk at length to American physicians who had spent some time visiting them in the summer of 1958. The following

remarks are based largely on their reports. Insulin shock therapy and tranquilizers are used extensively. Electric shock is limited to unusual cases and is used usually only in teaching institutes attached to medical schools or research centers. Psychoanalysis based on Freudian concepts is not practiced, though in one conversation a Soviet physician told me that he believed some Soviet psychiatrists did use Freudian concepts. Psychotherapy, if defined as having a physician study the patient's background, his emotional conflicts, environmental stresses, and personality characteristics, is widely practiced; but such information is not interpreted or used as Freudians would interpret or use the same information. American visitors have been most impressed perhaps by the high ratio of staff to patients in the psychiatric hospitals and the extent of outpatient psychiatric care available. In Moscow, for example, there are outpatient facilities where the patient may stay most of the day—busy in supervised occupational or recreational therapy or even getting some vocational training. All patients see the doctor, it is reported, at least every two weeks in the clinic and the doctor may also visit the patient at home. The availability of such service cuts down on the need for psychiatric hospitals. In one psychiatric hospital in Moscow the ratio of staff to bed patients was one doctor for each 15 patients, one nurse for each four patients, and one and one-half "aides" for each patient. Such "aides" receive three months training before they go to work. Patients with psychoneuroses, psychoses, and schizophrenia are treated by psychiatrists in the polyclinic, in general hospitals, or in psychiatric hospitals, depending on the nature and severity of the disease.

I saw several of the popular Soviet health resorts and sanatoria. The government spends a considerable portion of its health budget in maintaining these

institutions—certainly, more than we do in this country. They resemble the spas long popular in Europe. Here are found sanatoria and resorts in vacation spots—along the Black Sea (which reminds one of the Carribean or the Mediterranean), in the high mountains, or in other localities. Here the overtired executive or bureaucrat, the troubled factory worker may go—but only with a doctor's approval, which is apparently not too hard to obtain. He may pay for part of the care, but most of it will be borne by the worker's union. In the weeks that he spends in one of these sanatoria or health resorts he gets a great deal of personal attention—medical examinations, baths, massages, and treatments of all kinds. A balanced daily schedule, including rest, recreation, and treatment, is arranged. Some of the installations are quite elaborate with beautiful gardens and swimming pools. Some are located in palaces of the former rulers. Away from home and family cares, from the overcrowded city apartment, and from the pressures on the job the patient, it is reported, recovers quickly. It would seem, as Dr. Thomas Parran once stated, that this is a relatively cheap form of treatment for the mentally or emotionally overstrained, or "nervous" individual. A "pass" to the more popular of these is a real prize, particularly at the height of the vacation season.

Maternal and Child Health

What Provisions Are Made for the Pregnant Woman?

Great emphasis is put in the Soviet Union on the care of children and pregnant women. Much attention is paid to safeguarding the health of the mother. She routinely gets 56 days maternity leave before and 56 days after the birth of her baby. For this period she receives full wages. If there is any medical reason why she should have a longer time to recuperate, she is given that with

full pay. She is also allowed to accumulate her vacation. I saw some mothers who had had as much as six months at home with the baby before they went back to work. All her prenatal care and her delivery, either in a hospital or at home, are provided automatically. Normally, deliveries are performed by midwives under the supervision of physicians. These midwives have less training than physicians. In the cities most of the births in the U.S.S.R. are now reported to be in hospitals; in "rural" areas the figures varied—but around 40 per cent for all but the underdeveloped areas would seem an average. The births usually do not occur in a general hospital but in a separate maternity home. On the collective farm we visited in the Ukraine, such a home had four beds and only a few facilities for emergencies. However, a district hospital was only a 30-minute drive away.

What About Illegitimate Children?

As far as I could find out the mother who is going to have an illegitimate child receives the same medical care as any other mother. I thought it was interesting that this problem was not spontaneously discussed at any time, though I talked a great deal about care for mothers and children. When I inquired I was told that an unwed mother may name a man, whose passport is then stamped "married"; and whether married or not, from then on 25 per cent of his pay is automatically withdrawn for the child's support. If the girl does not choose to name a man, she usually keeps the baby. There are special homes for adoption (which also house orphans) where she may send the baby if she does not want to keep the baby. However, the turn-over in such homes is rapid as the demand for children is great. Unwed mothers seem happy and proud to raise their own children.

Are Abortions Legal?

Yes, they have been legal since 1955. This is one of the many examples in the Soviet system where practice has changed. From 1921 to 1936 abortions were legalized and were very common. From 1936 to 1955 they were illegal. Though now legal, they are discouraged, we were told.

How About Birth Control?

The dissemination of birth control information has always been allowed. In the 1921 to 1936 period there was an active promotional campaign. I saw various contraceptive devices for sale in the drug stores. There are some ardent exponents of birth control in the U.S.S.R. among the gynecologists but I did not happen to meet any of them, nor was the subject discussed by any of the doctors we visited. I understand physicians are chiefly interested in birth control methods as a way of preventing abortions. There are no separate birth control clinics.

What Special Provisions Are There for Taking Care of the Health of Children?

Great emphasis is put on health care of children from birth on through schooling. There is great affection and concern for children. Families talked of the ambitions they had for their children just as parents elsewhere do.

Children are apparently always cared for by physicians who have special training in pediatrics. There are many nurseries (admittedly not enough to keep up with the demand) to care for children from shortly after birth up to three years of age. Pediatricians were in charge and continuously on duty in the nurseries I saw. Daily massage is given. We were told mothers were more willing to leave their children there if pediatricians were in charge. Diet, inoculations, rest, and play are all carefully supervised. Babies may live there almost any time, day and/or night, depending ap-

parently on the needs and desires of the parents. She is given time off to come to breast-feed her infant. There is a high ratio of staff to infants—greater than in most of our institutions of a similar nature. Tender, loving care abounds. After three years of age a child attends kindergarten until he is seven, at which age he goes to the regular schools. There are also special medical services for teen-age workers. Pediatricians are attached to both. Many routine examinations are given, as well as complete care for the sick child. The pediatrician attached to the nursery will also care for and visit the baby in its own home.

Are There Any Noticeable Psychological Effects on the Very Young Children Cared for in Nurseries from Soon After Birth On?

They seemed remarkably healthy and happy—so much so that one wonders if the almost universal opposition to this practice in the United States should be reexamined. In the Soviet nurseries I noticed there was an amazingly high ratio of staff to babies. There was also little turnover of staff, so that the babies got continuing attention from the same persons. The behavior of the children seemed somewhat less spontaneous as compared with a group of American children of the same age.

Medical Training

What About the Thoroughness of Medical Training?

The American physician usually has a total of about 20 to 22 years of training; the Soviet physician only 16. The Soviet elementary and secondary schools seem to teach in ten years what we teach in 12, and the medical students to whom I talked all had had a great deal of science in these years. The medical school course is six years long. Soviet physicians specialize earlier in medical

school, generally choosing one of three areas: pediatrics, clinical medicine (i.e. general adult medicine and surgery), and hygiene (administrative medicine, school and industrial hygiene and sanitation). Some go on to acquire higher medical degrees—and all supposedly have an opportunity every third year to return to specially organized training institutes for short- or long-term post-graduate courses. I talked to some physicians who had not been to any post-graduate institute and others who had had from a few weeks to several years of such training.

Since the revolution the amount of medical training has been increased. It seems obvious that, particularly in the earlier years, there was great emphasis on training many health workers so that disease and premature death could be prevented and as many persons as possible would get some care. Great use has always been made of “subprofessional” workers—the midwife, a doctor’s assistant called the feldsher, and the technician. They lean heavily on these workers, assigning them to specific tasks. This has helped them get some kind of service out to the “grass-roots.” The ancillary staff are all trained in separate institutes, not in the medical schools or institutes. All students are paid stipends when in school and pay no tuition. Plans for the future envisage a continuing improvement of training for health personnel. It should be stressed that Soviet education in general has much in common with education in the rest of Europe.

Is There Special Training for Health Officers and Administrators?

Yes, there is. Of the seven such officials I talked to, all had had some special training in a public health institute and some talked of getting more. Some had considerable experience as well in a particular clinical field, e.g., surgery.

Are There Many Women Doctors?

Yes—70 per cent of practicing physicians are women; 60 per cent of the medical students are women. This is not as surprising as it first seems when one remembers that 45 per cent of all Soviet workers are women. The heads of most of the important institutions seemed to be men.

Are Doctors Well Paid?

All are paid a regular salary. Some work on two or one-and-a-half jobs, thereby increasing the amount they earn, but it is unusual for a woman to work on more than one job. The salaries increase within given categories, as the years of service increase. All receive paid vacations and pensions on retirement.

Incomes vary widely, depending on the training, responsibility, and number of posts a doctor has. The elite (for example, members of the Academy of Medical Sciences, top research scientists, professors) are extremely well paid. Some have reported they received more than they could spend. The academicians are greatly respected and have many special privileges (cars, chauffeurs, summer homes, etc). They can be paid by more than one institute. Physicians receive honoraria for giving scientific talks, serving professional panels, writing scientific papers, or giving talks on health education to the public.

How Are Specialists Trained?

All medical students specialize during their six years in medical school. They all take a common course, but in addition have both specialized courses and more of certain subjects. Pediatricians, for example, study largely the anatomy of children; "hygiene" majors have more training in bacteriology than general practitioners. After medical school one can apply for a job in any special-

ized hospital, clinic, or institute. Those who can qualify through a scheme of highly competitive examinations, or are chosen because of special ability, go on for further specialized study, either immediately or after an initial three-year period of work. There is apparently an active search during medical school years for the bright student who has ability and interest in research. There are special research projects, science clubs, and the like.

There are special graduate institutes of administrative medicine and most of the top people we met in local ministries of health had had at least some training in such institutes. The problems of planning for the anticipated national and local needs for personnel and facilities are studied seriously and extensively.

Medical Research

What Is the State of Medical Research in the U.S.S.R.?

Medical research has a high priority. The top people in the field are apparently given anything they want or need to help their work. Some of the laboratories we saw were well equipped—others poorly. The caliber of work being done varied widely. They are working on many of the same problems which engage scientists elsewhere. I was interested that one laboratory would not necessarily agree with the work of another. Elaborate research plans and goals are set up and carefully reviewed by the top people in the particular field. The Academy of Medical Sciences is responsible for the research done, even though the Ministry of Health finally approves the annual budgets. The Academy of Medical Sciences does not have the status of the all-powerful Academy of Sciences. There appeared to be a considerable separation of medical research and medical education.

Some Soviet scientists know a great

deal of what is going on in other countries—others do not. Our scientific journals, as well as European and some Asian ones, are seen in many laboratories. Most of the research workers read or speak one or two other languages, English and German most frequently.

Pavlov's concepts of the conditioned reflex permeate many fields of medico-scientific endeavor.

What Impressed You the Most About Their Research?

The great respect and tribute paid to the scientists by all the Soviet people.

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Michigan Conference on Aging

"Designs for Retirement," the 12th annual Michigan conference on aging, is to be five complete conferences in one. Each person attending will enroll in Retirement Financing, Retirement Health, Retirement Housing, Retirement Preparation, or Uses of Retirement, but will also be able to participate in the over-all conference through several general assemblies and social hours. The conference is also billed as "useful as a forerunner to the White House Conference on Aging" called by the President for 1961.

The date is June 22-24; place is Michigan Union, Ann Arbor; fee is \$7.50. Pre-registration must be completed by June 10. Further information and registration cards from Wilma Donahue, chairman, Division of Gerontology, 1510 Rackham Bldg., Ann Arbor.

Immediately following this conference will be a National Leadership Training Institute designed for those who may have local, state, or national leadership responsibility for activities leading up to the White House Conference. Registration and information on the Institute from Special Staff on Aging, Department of Health, Education, and Welfare, Washington 25, D. C.